

**WEST VIRGINIA IRP**

West Virginia DMV Motor Carriers Unit

5707 MacCorkle Avenue, SE

PO Box 17900





Charleston, WV 25317

 (304) 926-3905

 (304) 926-0799

 (304) 926-0797

 DMVIRP@wv.gov

1		ACCOUNT NUMBER	FLEET NUMBER	SUPPLEMENTAL NUMBER	LICENSE YR	CLUB/LICENSE SERVICE USE ONLY		CLUB LICENSE SERVICE NAME		 WEST VIRGINIA TRP Keeping West Virginia on the move. West Virginia DMV Motor Carriers Unit		PO Box 17900 Charleston, WV 25317		 (304) 926-0799  (304) 926-0797  DMVIRP@wv.gov									
NAME OF REGISTRANT						AGENT		TELEPHONE		SUPPLEMENTAL APPLICATION													
DOING BUSINESS AS						MAILING ADDRESS																	
PHYSICAL LOCATION <i>No Rural Routes or P.O. Boxes</i>						CITY		STATE	ZIP CODE														
ADDRESS						ADDRESS																	
CITY			STATE							REGISTRANT TELEPHONE NO.													
ZIP CODE			COUNTY			CITY		STATE		NAME OF CONTACT													
DOT			F. E. I. N.			ZIP CODE		COUNTY		CELL PHONE NUMBER													
										EMAIL ADDRESS													
3		FLEET INFO		TYPE OF OPERATION <i>See Code Key</i>		PRIMARY PURPOSE OF FLEET				DATE FIRST OPERATED AS A FLEET		/ /		NUMBER OF REGISTRATION MONTHS		FUEL TYPE <i>See Code Key</i>							
4		DELETIONS		1-EQUIPMENT NUMBER		2-YEAR		3-MAKE		4-VEHICLE IDENTIFICATION NUMBER		5-APPROTIONED PLATE NUMBER		5 TRANSACTION CODES									
														___ DELETE VEHICLE(S) _____ REGISTRATION FEE TRANSFER									
														___ ADD VEHICLES _____ INCREASE WEIGHT									
														___ CORRECTION (INDICATE WHAT IS TO BE CORRECTED) _____ CREATE NEW GROUP FOR ___ SELECTED UNITS									
6		WEIGHT INFORMATION		UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND THE WEIGHTS MUST BE LISTED BELOW. EXCEPTIONS ON ANY WEIGHTS OR JURISDICTIONS MUST BE GROUPED ON SEPERATE PAGES.								ALBERTA (AB)		ALASKA (AK)		ALABAMA (AB)		ARKANSAS (AK)		ARIZONA (AZ)			
		BRITISH COLUMBIA (BC)		CALIFORNIA (CA)		COLORADO (CO)		CONNECTICUT (CT)		DISTRICT OF COLUMBIA (DC)		DELAWARE (DE)		FLORIDA (FL)		GEORGIA (GA)		HAWAII (HI)		IOWA (IA)			
		IDAHO (ID)		ILLINOIS (IL)		INDIANA (IN)		KANSAS (KS)		KENTUCKY (KY)		LOUISIANA (LA)		MASSACHUSETTS (MA)		MANITOBA (MB)		MARYLAND (MD)		MAINE (ME)			
		MICHIGAN (MI)		MINNESOTA (MN)		MISSOURI (MO)		MISSISSIPPI (MS)		MONTANA (MT)		MEXICO (MX)		NEW BRUNSWICK (NB)		NORTH CAROLINA (NC)		NORTH DAKOTA (ND)		NEBRASKA (NE)			
		NEW FOUNDLAND (NL)		NEW HAMPSHIRE (NH)		NEW JERSEY (NJ)		NEW MEXICO (NM)		NOVA SCOTIA (NS)		NORTH WEST TERRITORY (NT)		NUNAVUT (NU)		NEVADA (NV)		NEW YORK (NY)		OHIO (OH)			
		OKLAHOMA (OK)		ONTARIO (ON)		OREGON (OR)		PENNSYLVANIA (PA)		P.E. ISLAND (PE)		QUEBEC (QC)		RHODE ISLAND (RI)		SOUTH CAROLINA (SC)		SOUTH DAKOTA (SD)		SASKATCHEWAN (SK)			
		TENNESSEE (TN)		TEXAS (TX)		UTAH (UT)		VIRGINIA (VA)		VERMONT (VT)		WASHINGTON (WA)		WISCONSIN (WI)		WEST VIRGINIA (WV)		WYOMING (WY)		YUKON (YT)			
7		VEHICLE INFORMATION		IF YOU ARE LEASING LONG TERM (31 DAYS OF MORE) TO A MOTOR CARRIER PLACE LESSEE TAX IDENTIFICATION NUMBER (TIN) IN SPACE NUMBER 17 BELOW AND THE LESSEE DOT NUMBER IN SPACE NUMBER 18 BELOW. YOU MUST ALSO SUBMIT A COPY OF THE LEASE AGREEMENT.																			
UNIT ONE		1 EQUIPMENT NUMBER		2 VEHICLE IDENTIFICATION NUMBER				3 YEAR		4 MAKE		5 VEHICLE TYPE		6 AXLES/SEATS		7 FUEL TYPE		8 EMPTY WEIGHT		9 GROSS WEIGHT			
		10 PURCHASE PRICE		11 FACTORY PRICE		12 TITLE DATE / /		13 LEASE DATE / /		14 PLATE NUMBER		15 OWNER										16 OWNERSHIP <input type="checkbox"/> LEASE INFORMATION <input type="checkbox"/> OWN	
		17 LESSEE TAX ID NUMBER				18 DOT NUMBER				19 TITLE NUMBER		20 WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO						21 PROVIDE THE DATE THE VEHICLE WAS 1ST ADDED TO THE FLEET / /					
UNIT TWO		1 EQUIPMENT NUMBER		2 VEHICLE IDENTIFICATION NUMBER				3 YEAR		4 MAKE		5 VEHICLE TYPE		6 AXLES/SEATS		7 FUEL TYPE		8 EMPTY WEIGHT		9 GROSS WEIGHT			
		10 PURCHASE PRICE		11 FACTORY PRICE		12 TITLE DATE / /		13 LEASE DATE / /		14 PLATE NUMBER		15 OWNER										16 OWNERSHIP <input type="checkbox"/> LEASE INFORMATION <input type="checkbox"/> OWN	
		17 LESSEE TAX ID NUMBER				18 DOT NUMBER				19 TITLE NUMBER		20 WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO						21 PROVIDE THE DATE THE VEHICLE WAS 1ST ADDED TO THE FLEET / /					
8		INSURANCE INFORMATION & REGISTRANT CERTIFICATION				I HEREBY STATE, UNDER PENALTY OF LAW, AND THE CODE OUTLINED IN CHAPTERS 17A AND 17D THAT THERE IS A VALID A MOTOR VEHICLE LIABILITY POLICY UPON THE VEHICLES HEREIN, IN ACCORDANCE WITH THE PROVISIONS OF THE WEST VIRGINIA MOTOR VEHICLE CODE. FURTHERMORE, I CLAIM THAT I AM KNOWLEDGEABLE OF THE MOTOR CARRIER SAFETY REGULATIONS AND HAZARDOUS MATERIAL REGULATIONS.										(X)		AUTHORIZED SIGNATURE _____ TITLE _____					
		INSURANCE POLICY START DATE / /		INSURANCE POLICY END DATE / /		INSURANCE COMPANY		AGENT NAME		POLICY NUMBER		NAIC NUMBER											